

Current Treasurer or

Designated Record Keeper

Type or Print Name

FILED

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE 98 MAY 19 PM 2: 08 FOR OFFICIAL USE ONLY Report must be legible, typed or printed in ink and signed 3. This Statement covers From: 2-11-08 by the treasurer or designated record keeper 4 Committee's Mailing Address N 1. Committee I.D. Number 18905 England De Maconb, 211 48042 Area Code and Phone (58(a) 203-8633 If the address in this box is different from the committee mailing address on the Statement of Protect Our Future Maront Organization, mail may be sent to this address by the filing official. Nathan Havin 18905 England De. Macomb, MI 48042 Area Code and Phone (580) 203-80-33

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone Area Code and Phone 8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND APPLICABLE TO INDEPENDENT AND POLITICAL POLITICAL COMMITTEES REGISTERED APPLICABLE TO INDEPENDENT AND ON COMMITTEES REGISTERED ON STATE LEVEL POLITICAL COMMITTEES REGISTERED STATE AND COUNTY LEVEL ON COUNTY LEVEL 8a. TRIANNUAL STATEMENTS AMENDMENT TO CAMPAIGN 8d. ANNUAL STATEMENT Even Year **STATEMENT** Odd Year Coverage Year) (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being January 31 PRE-ELECTION OR amended) July 25 July 25 8f. POST-ELECTION 8h. DISSOLUTION OF COMMITTEE October 25 October 25 Pre-Election or Post-Election Statement relates to: 8b.QUARTERLY STATEMENTS Effective Date of Dissolution PRIMARY GENERAL CAUCUS COMMITTEES (ONLY) By checking this item, I\We certify that the committee has no asset or outstanding CONVENTION SCHOOL debts, including late filing fees. Further, f January 31 request that if the dissolution cannot be SPECIAL CAUCUS granted, that this be considered a request for the Reporting Waiver. October 25 Date of Election, Convention or Caucus: Note: The disposition of residual funds must SPECIAL ELECTION INDEPENDENT be reported on Schedule 2B and the **EXPENDITURE REPORT** Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived. 9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. NATHAN HLAVEN



Occupation \_

Business Address -

Type of Contribution:

#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

**V**Direct

### **ITEMIZED CONTRIBUTIONS SCHEDULE 2A**

Loan from a person

Employer\_

MICHIGAN DEPARTMENT OF STATE	
BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS	
SCHEDULE 2A 1. Committee I.D. Number	138023
INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name	HCT DUR FUTURE MOU
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nar and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount 7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 3 - 4 - 0 \$ Name & Address:	date of receipt)
VOSBURG, Kathy D. 47395 Sugarbush Rd. Chesterheld, MI 48047 5. If over \$100.00 cumulative, please provide:	s <u>20°</u> s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
OccupationEmployer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	-
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt 3-2708  Name & Address;	
Pengett, Keith 34080 aemada ed.	\$ SOO
5. If over \$100.00 cumulative, please provide: 48062	
Occupation County commissiones Employer County of Macomb	
	<del>-</del>
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3  YES  4. Date of Receipt	
Is this contribution from a PAC?	
	, 127.05
TAX FIGHTER 27765 MORAN	<u> </u>
37,080 PRINE	Click Here for Memo Itemization Type
REHMOND ME 17862 HARRISON TWP ME 48042	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 VES 4 Date of Receipt (1-00-10)	
Is this contribution from a PAC?	
Babin, Ronald	<u>50°</u> s
3511 DOBBIA DR. Steeling Hgts, MI 48310 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type

Fund Raiser

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Page Subtotal

Enter this total on line 3a of Summary Page

Page 5 of (0



### MICHIGAN DEPARTMENT OF STATE

ITEMIZED CONTRIBUTIONS			
ITEMIZED CONTRIBUTIONS SCHEDULE 2A	1. Committee I.D. Number	138023	
INDEPENDENT OR POLITICAL COMMITTEE	J)	10.1 Olas	T. 1 110
Please enter contributor's name and address. If contribution is from an indiand middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).	Committee Name      ividual, enter last name, first na     ommittee or an Independent	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt YES YES 4. Date of Receipt YES YES YES YES YES YES YES YES	-8-08		date of receipt)
Kummer, Fred 37328 Dundle DR. 5. If over \$100.00 cumulative, please provide:	(6.5)	\$ 50	\$
5. If over \$100.00 cumulative, please provide: 9 + 5 , M	48310	Click Here for N	femo itemization Type
OccupationEmployer		_	
Business Address		_	
Type of Contribution: Qirect Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt  Name & Address:	-15-08	· · · · · · · · · · · · · · · · · · ·	
Szczepowski, Ed		<u> 100°</u>	\$
4057 Bead fold		Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		-	
Business Address		_	
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3			
is this contribution from a PAC?  4. Date of Receipt			
Name & Address:			
		\$	\$
		Click Horn for M.	ama liaminating Torr
5. If over \$100.00 cumulative, please provide:		Click Liele tot Mi	emo Itemization Type
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 4     Is this contribution from a PAC?  YES  4. Date of Receipt			
Name & Address:		s	•
		Ψ	Ψ
		Click Here for Me	mo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		_	
Business Address —			
Type of Contribution: Direct Loan from a person	Fund Raiser		

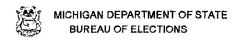
Page Subtotal

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of

Summary Page

Page ( of (

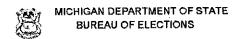


# ITEMIZED DIRECT EXPENDITURES 1. Committee I.D. Number 138023

INDEPENDENT OR POLITICAL CO	DMMITTEE 2. Committee Name			
Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	5.			
M&B GKAPHICS	Name of Candidate	Date Date	\$ 5360	\$
67353 S. MATH ST	Office Sought & District # or Jurisdiction	Date		
RICHMOND Mt 48062	M ACOMB			
	County	Click Here	for Memo Item	ization Type
4. Purpose: INFORMATION CAROS	MACONO COUNTY CHARTER			
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2	5.			
Name & Address: MACOHB COUNTY CLERK	Name of Candidate	2 (25 /08 Date	<u>\$ 4.55</u>	\$
40 NORTH ITAIN ST	Office Sought & District # or Jurisdiction			
THE CLEMBUS, 17± 48043	MACOND	Click Here for Memo Itemization Type		ation Type
•	County MACOTIB COUNTY CKAPTER			
4. Purpose: VOTER LIST	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.			
HAMILIN PUB	Name of Candidate	3/15/08	s 300	\$
48929 HAYES RO	Office Sought & District # or Jurisdiction	Date		
SHELBY TWP, MI 48315	MACONO	Click Here for Memo Itemization Type		zation Type
	MACOLTO COUNTY CHARTER			
4. Purpose: FUND RAISER	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4	5.			· · · · · · · · · · · · · · · · · · ·
Name & Address:	Name of Candidate			
		<del></del>	\$	\$
	Office Sought & District # or Jurisdiction	Date		
	County	Click Here for Memo Itemization Type		
4. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Subtotal this page 358 15				
Grand Total of all Schedules 2B				
	(Complete on last pa	ge of Schedule	1 <u>358,15</u>	

Enter this total on line 8a of the Summary Page

Page \_\_\_\_ of \_\_\_\_



## **FUND RAISER SCHEDULE 2F**

1. Committee I.D. Number 138023

INDEPENDENT OR POLIT	FICAL COMMITTEE	2. Committee Name	PROTEC	t Gal	PUTURE HECOM	<u> </u>
	- USE A SEPARA	TE SHEET FOR	EACH EVEN	JT -		
3. Date Event Was Held	4. Number of Individuals Atter or Participating (whichever is greater)	nding 5. Type of	Fund Raising A	ctivity	6. Address and Name (i place where the activity HAMLIN PUB 48929 HAMES SHEUBY TWP, IT	was held BD
. Total Contributions	1(	00				
3. Other Receipts						
9. Gross Receipts (Add lines 7 and	300				s In-Kind Contributions	
0. Total Cost of Event				Expend	ditures Made For the E	vent
	fund raiser and complete the			=	and the same Post to	
Co-Sponsor(s)	Contri	ibution Split (%)		ΕX	penditure Split (%)	
					· · · · · · · · · · · · · · · · · · ·	
				<del></del>		
<ul> <li>The committee is require Campaign Statement.</li> </ul>	d to file a separate Fund Rai	ser Schedule for e	ach fund raisir	ig event h	eld during the period o	overed by th

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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